King County
Work & Life Benefits
Dental Plan Summary

Washington Dental Service (WDS)

Finalized December 17, 1999

Printed & Distributed March 2000

Directory

If you have questions about ...	Contact ...
• Benefits eligibility • Enrollment • When coverage begins • King County's Work & Life Benefits program	**Benefits & Well-Being** at 206-684-1556 (8:30 a.m. – 4:30 p.m. Monday – Friday, except 10:30 a.m. – 4:30 p.m. Thursday) www.metrokc.gov/ohrm/benefits Exchange Building Mail Stop EXC-HR-1030 821 Second Avenue Seattle WA 98104-1598
• WDS providers • Filing claims • Incentive program • Predetermination of benefits (find out in advance exactly what will be covered) • Details about plan benefits (covered expenses, limitations, exclusions)	**Washington Dental Service** at 206-522-2300 or 1-800-554-1907 (6 a.m. – 6 p.m. Monday – Thursday, 6 a.m. – 5 p.m. Friday) www.ddpwa.com PO Box 75688 Seattle WA 98125-0688

The information in this booklet is available in accessible formats by calling Benefits and Well-Being at 206-684-1556 (voice) or through Washington State Telecommunication Relay Service at 1-800-833-6388.

Although this booklet includes certain key features and a brief summary of this dental coverage, it does not provide detailed descriptions. If you have specific questions, contact Washington Dental Service or Benefits and Well-Being.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this booklet and the insurance contracts or other legal documents, the legal documents will always govern.

King County intends to continue this plan indefinitely but reserves the right to amend or terminate it at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents.

This booklet does not create a contract of employment with King County.

Learn More About… *On Page…*

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Highlights

Here are a few highlights of your dental benefits:

- You can use any dentist you wish; the plan pays benefits if you see a participating or non-participating dentist.
- Participating dentists will file claims for you automatically.

Claim processing is provided by Washington Dental Service (WDS), an organization that has contracted with thousands of dentists throughout the state.

Important Facts

This booklet describes your dental plan. However, there are many important topics including laws, regulations and county provisions that affect more than just this plan. These provisions can change frequently. To be more efficient, and avoid repetition, we included the following topics in your "Important Facts" booklet:

- What Happens If (you take a leave of absence, become disabled, etc.)
- Eligibility
- Enrolling in the Plans
- When Coverage Begins
- Qualified Medical Child Support Order (QMCSO)
- When Coverage Ends
- Continuation of Coverage (COBRA)
- Assignment of Benefits
- Third Party Claims
- Recovery of Overpayments
- Termination and Amendment of the Plans.

Who's Eligible

Refer to your "Important Facts" booklet for information about eligibility and appeal of eligibility.

Cost

When you receive dental care, you pay:

- Coinsurance amounts not covered by the plan
- Amounts in excess of the usual, customary and reasonable (UCR) fees if you see a non-participating dentist (see "Definitions" on page 14 for details on UCR fees)
- Expenses for services or supplies not covered by the plan.

See "Dental Plan Summary" on page 3 for more information on coinsurance amounts. See your enrollment materials for information related to any monthly cost of coverage.

Enrolling in the Plan

If you are a newly hired employee, you must submit a completed enrollment form to Benefits and Well-Being within 30 days of your hire date; otherwise, you will receive employee only dental coverage — your family members will not be enrolled. See your enrollment materials for details.

Making Changes

Each year during open enrollment, you may change your elections. Under certain circumstances, you may make changes during the year. Refer to your "Important Facts" booklet for information.

When Coverage Begins

Refer to your "Important Facts" booklet for information on when coverage begins.

How the Dental Plan Works

Dental Plan Summary

The following table summarizes covered services and supplies under this plan and identifies related coinsurance and maximums. Please refer to "Covered Expenses" starting on page 6 for more information on your dental benefits and related limitations.

Dental Plan	
Annual deductible (doesn't apply to diagnostic and preventive services)	$25 per person, $75 per family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	$2,000 per person
Covered Expenses	**Plan Pays**
Diagnostic and preventive services – Exam and cleaning twice a calendar year – Complete x-rays every 3 years – Supplementary bitewing x-rays twice a calendar year – Periodontal cleaning and maintenance up to 4 times a year (under certain oral health conditions)	70% – 100%* (deductible doesn't apply)
Basic services – Fillings – Crowns (stainless steel) – Extractions – Root canals	70% – 100%*
Major services - **restorative** – Crowns – Onlays	70% – 85%*
Major services - **prosthodontics** – Dentures – Implants – Fixed bridges	70%
Orthodontic services (for adults and children)	50%, up to a $2,500 lifetime benefit maximum** (deductible doesn't apply; the benefit doesn't apply to the annual maximum benefit)
Other Services – Temporomandibular joint disorder (TMJ) – Nightguards	 – 50%, up to a $500 lifetime maximum for nonsurgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit) – 50%

* Based on your incentive level; see page 3.

** Not more than $1,250 will be paid during the initial stage of treatment. The remaining plan benefit is paid 7 months after the initial stage, if the covered participant still meets eligibility requirements outlined in this booklet.

Participating and Non-Participating Dentists

You may select any licensed dentist. Tell your dentist you are covered by a WDS dental program and give your dentist your Social Security number, the program name and the group identification number (which is 152).

If you go to a participating dentist, the dentist will submit claim forms to WDS and receive their payment directly. You are responsible for any remaining balance.

If you see a non-participating dentist, it's your responsibility to see that the claim form is submitted. See "Filing a Claim" on page 9 for details.

Benefit Maximums

The maximum amount the plan pays each calendar year for all covered expenses is $2,000 per person. The lifetime maximum amount payable by WDS for orthodontic treatment is $2,500 per person. The lifetime maximum amount payable by WDS for TMJ treatment is $500 per person.

Charges for dental procedures requiring multiple treatment dates (such as crowns or bridgework) will be considered "received" on the date the service is completed (at that time the amounts paid for the procedures will be applied to your annual maximum).

Incentive Plan

Incentive benefits are designed to encourage you and your covered family members to seek regular dental care. Here's how it works: The plan pays 70% of covered costs the first year you participate. After that, the coverage level for most covered services will increase 10% each consecutive calendar year you receive covered dental care. You must visit the dentist at least once a year to increase or maintain your payment level.

Each year you don't visit the dentist, the coverage level decreases 10% — but your payment level will never be less than 70%.

The following table summarizes how the incentive plan works.

If you receive these services ...	The plan pays ...
Diagnostic and preventive services **Basic services**	70% first year 80% second year 90% third year 100% fourth year and each year thereafter
Major services – restorative	70% first year 80% second year 85% third year and each year thereafter

Incentive levels do not apply to orthodontic or prosthodontic care.

Predetermination of Benefits

If you expect your dental care to be extensive — and for all orthodontic work — ask your dentist to submit a standard WDS claim form for predetermination. This way you'll learn in advance exactly what procedures are covered, the amount WDS will pay toward the treatment and the amount you'll need to pay. A predetermination of benefits is required for all orthodontic treatment.

Example 1

This is Rachel's second year of plan participation. This year, Rachel visits her participating dentist for her annual cleaning. Since she visited the dentist last year, her coinsurance level for this year increased from 70% to 80%. She doesn't need to meet the annual deductible before the plan pays for covered diagnostic and preventive services.

Here's how much Rachel pays:

Total Expense	Plan Pays	Rachel Pays
$45 (exam)	$36 (80% of $45)	$9 (20% of $45) + $0 deductible* $9

* The annual deductible does not apply to the type of service Rachel received (preventive).

Example 2

Jim has participated in this plan for 3 years, but hasn't been to the dentist during any of those years. This year Jim needs a root canal.

Here's how much Jim pays:

Total Expense	Plan Pays	Jim Pays
$600 (root canal) - $25 deductible $575	$402.50 (70% of $575)	$172.50 (30% of $575) + $25 deductible* $197.50

* The annual deductible does apply to the type of service Jim received (basic).

If Jim visits the dentist again this year, he won't have to pay toward the $25 deductible.

Covered Expenses

This section describes covered expenses and any related limitations. For information on the level of benefits you receive (for example, coinsurance and maximums), see "Dental Plan Summary" on page 3 and "Incentive Plan" on page 4. Also see "Expenses Not Covered" starting on page 8.

To be covered, expenses must be medically necessary for treatment, diagnosis or prevention of a dental condition.

If professional dental standards indicate that a condition can be treated by a less costly alternative to the service proposed by your dentist, this plan will limit benefits to the cost of the alternate treatment. You are responsible for any costs exceeding UCR fees for the alternate treatment, regardless of the treatment received.

Diagnostic and Preventive Services

- Decay susceptibility tests
- Exam — emergency
- Exam — routine, twice per calendar year
- Exam by a specialist in an American Dental Association recognized specialty
- Fissure sealants for permanent molars (with incipient or no decay on an intact occlusal surface), for children age 14 or younger, once in 3 years/tooth — if eruption of permanent molars is delayed, sealants will be allowed if applied within 12 months of eruption with documentation from the attending dentist
- Periodontal cleaning and maintenance or prophylaxis (cleaning), up to 4 times a year (under certain oral health conditions)
- Preventive therapies, such as fluoridated varnishes, approved by WDS under certain conditions of oral health (when performed at the suggested regimen for that therapy) — children through age 18 are eligible for either topical application of fluoride (as described below) or preventive therapies, but not both
- Prophylaxis (cleaning), twice per calendar year
- Space maintainers for maintaining space for the eruption of permanent teeth
- Topical application of fluoride twice per calendar year for children age 18 or younger when performed with a cleaning
- X-rays, complete series or panorex x-rays, once in 3 years; supplementary bitewing x-rays, twice per calendar year.

Basic Services

- Amalgam, filled resin or composite fillings to treat decay or fracture resulting in significant tooth loss
- General anesthesia/intravenous sedation, if administered by a licensed dentist or other WDS-approved licensed professional who meets the state Dental Quality Assurance Commission guidelines in conjunction with certain covered surgical procedures as determined by WDS
- Preparation of the alveolar ridge and soft tissue of the mouth for insertion of dentures
- Pulpal and root canal treatment (root canal treatment on the same tooth is covered once in 2 years)
- Removal of teeth and surgical extractions
- Restorations on the same surface(s) of the same tooth, once in 2 years (if a filled resin or composite filling is placed in a posterior tooth, the plan pays benefits as if it were an amalgam)

- Pulp exposure treatment, pulpotomy and apicoectomy
- Site-specific therapies approved by WDS under certain conditions of oral health when performed at the suggested regimen for that therapy (must be preceded by scaling and root planing a minimum of 6 weeks and a maximum of 6 months or active supportive periodontal therapy)
- Stainless steel crowns, once in 2 years
- Surgical and nonsurgical procedures to treat the tissues supporting the teeth, including examinations, periodontal maintenance, periodontal scaling/root planing (once in 12 months), periodontal surgery and soft tissue grafts (once in 3 years per site);periodontal surgery must be preceded by scaling and root planing a minimum of 6 weeks and a maximum of 6 months or active supportive periodontal therapy
- Treatment of pathological conditions and traumatic facial injuries.

If teeth are restored with crowns, inlays or onlays, refer to the following sections.

Major Services ¾ Restorative

- Crowns (on the same teeth, once in 5 years)
- Onlays (on the same teeth, once in 5 years).

Gold, porcelain, WDS-approved gold substitute castings (except processed resin) or combinations of these may be used in major restorative services.

Crowns and onlays are covered only to treat decay or fracture resulting in significant tooth loss (missing cusp), when teeth cannot reasonably be restored with filling materials such as amalgam or resin.

Major Services ¾ Prosthodontics

- Surgical placement or removal of implants or attachments to implants
- Dentures, fixed bridges, inlays if used as an abutment for a fixed bridge (on the same teeth, once in 5 years), removable partial dentures and adjustment or repair of an existing prosthesis — unless limited by:
    - Denture adjustments and relines done more than 6 months after the initial placement. These are covered, except as noted under temporary/interim dentures below. Subsequent relines or rebases, but not both, will be covered once in 12 months.
    - Dentures (temporary/interim). If you receive an interim partial or full denture, the plan pays as if you received a reline. After placement of the permanent prosthesis, an initial reline is covered after 12 months.
    - Dentures (partial). If a more elaborate or precision device is used, the plan pays as if you received a cast chrome and acrylic partial denture.
    - Full, immediate and overdentures. For personalized restorations or specialized treatment, the plan pays as if you received a full, immediate or overdenture.
    - Replacement of an existing prosthetic device. This is covered once in 5 years and only then if it's unserviceable and cannot be made serviceable.
    - Replacement of implants and superstructures is covered only after 5 years have elapsed from any prior provision of the implant.
    - Root canal treatment performed in conjunction with overdentures. This is limited to 2 teeth/arch.

Orthodontic Services

This plan covers orthodontic care for adults and children.
All orthodontic treatment must be authorized by WDS before treatment begins. See "Predetermination of Benefits" on page 4 for details.

Other Services

- Nightguards once in 5 years
- Nonsurgical treatment and appliances to treat temporomandibular joint disorder (TMJ).

Accidental Injury

The plan pays 100% of covered expenses directly resulting from an accidental bodily injury, up to the annual maximum, within 180 days after the accident. The accidental bodily injury must have occurred while the patient was eligible. A bodily injury does not include teeth broken or damaged while chewing or biting on foreign objects.

Expenses Not Covered

In addition to the limitations and exclusions described in other sections of this booklet, the plan does not cover:

Diagnostic and Preventive Services

- Cleaning of a prosthetic appliance
- Consultations or elective second opinions
- Plaque control program (oral hygiene instruction, dietary instruction or home fluoride kits)
- Replacement of a space maintainer previously paid for by WDS
- Study models.

Basic Services

- Bleaching of teeth
- Crowns as part of periodontal therapy
- Gingival curettage
- Iliac crest or rib grafts to alveolar ridges
- Occlusal splints
- Overhang removal, recontouring or polishing of restoration
- Periodontal appliances
- Periodontal splinting or crown and bridgework in conjunction with periodontal splinting
- Restorations necessary to correct vertical dimension or to modify shape of teeth or occlusion
- Ridge extension for insertion of dentures
- Site specific therapy is not covered when used for the purpose of maintaining noncovered dental procedures or implants
- Tooth transplants.

Major Services

- Cleaning of prosthetic appliances
- Crowns or copings in conjunction with overdentures
- Crowns or onlays placed because of weakened cusps or existing large restorations without overt disease
- Crowns used as an abutment to a partial denture for recontouring, repositioning or increasing retention (unless the tooth is decayed to the extent that a crown would be needed whether or not a partial denture is required)
- Crowns used to repair micro-fractures of tooth when it displays no symptoms or existing restorations with defective margins when no disease exists
- Duplicate dentures
- Personalized dentures.

What Happens If

If You Need Emergency Care

If you need emergency dental care, you may see either a participating or non-participating dentist. Your benefits depend on the type of services you receive; see "Dental Plan Summary" on page 3 and "Incentive Plan" on page 4 for benefit levels.

If You Need Care While Traveling

If you receive treatment from a dentist outside Washington state, you pay the dentist in full, then submit a claim form as described in "Filing a Claim" on page 9. Payment will be based on the dentist's charge, or the amount that would have been payable if treatment had been provided by a participating WDS dentist, whichever is less.

If Your Family Member Lives Away From Home

Family members who live away from home either temporarily or permanently may see a non-participating dentist and still receive benefits from this plan. Your family member must file a claim as described on page 9.

Filing a Claim

If you visit a participating dentist, the dentist will submit claim forms for you. If you see a non-participating dentist, you pay the dentist in full — and it's your responsibility to submit a claim form (or have the dentist submit one for you). Benefit payments are based on UCR fees (see "Definitions" for details).

You may obtain claim forms from Benefits and Well-Being or WDS. WDS pays benefits only if claim forms are submitted within 6 months from the date of treatment.

Filing a Claim (cont'd)

If you want to receive the payment directly, you must attach your receipt to the claim form when you file a claim. Send claims to:

Washington Dental Service
PO Box 75688
Seattle WA 98125-0688
1-800-554-1907

Appealing a Claim

When you become eligible for benefit payments, you must follow certain steps for filing a claim. If your claim is denied in whole or in part, you will be notified in writing of the reason for the denial within 90 days from the date you filed your claim. The notice will include information required if you want to appeal.

You may appeal a denied claim within 60 days of the date you receive the denial notice. This procedure is the only means available to change a benefit decision. To appeal, write to the plan and state the reasons you believe your claim should have been paid.

Include any additional documentation to support your claim. You also may submit questions or comments you think are appropriate, and you may review relevant documents.

Normally, you will receive a written decision on your appeal within 60 days of the date the plan receives your request. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your request.

Send your appeal to:

Washington Dental Service
PO Box 75688
Seattle, WA 98125-0688

Qualified Medical Child Support Order (QMCSO)

The plan may provide dental coverage to certain children of yours if directed by certain court or administrative orders. Refer to your "Important Facts" booklet for information.

Coordination of Benefits

This section applies to you if you or an eligible family member is covered by both this plan and a plan not sponsored by the county (and you expect reimbursement from both plans). If you and your

eligible family member are covered under a county-sponsored plan both as an employee and as a family member, different rules may apply. Contact Benefits and Well-Being for details.

If you or your family members have additional health care coverage, benefits from the other plan(s) may be considered before benefits are paid under this plan. Additional coverage includes another employer's group benefit plan or other group arrangement – whether insured or self-funded.

The plan that must pay benefits first is considered primary and will pay without regard to benefits payable under other plans. When another plan is primary, this plan will coordinate benefits so you receive maximum coverage. In no case will you receive more than 100% of the covered expense.

If you or your family members are covered under another plan, be sure to keep a copy of your itemized bill and send the bill and Explanation of Benefits to this plan.

If the other plan does not have a coordination of benefits provision, that plan will pay first. If it does, the following rules determine payment:

- The plan covering an individual as an employee will pay first.
- The plan of the parent whose birthday is first in the calendar year pays for covered children first unless the parents are divorced or legally separated. (If the other plan does not have this rule, the other plan's provisions will apply.)
- If the parents are divorced or legally separated, these rules apply:
  - If the parent with custody (or primary residential placement) has not remarried, the plan of that parent pays before the plan of the parent without custody
  - If the parent with custody has remarried, the plan that covers the child is determined in this order: plan of the parent with custody, plan of the spouse of the parent with custody, plan of the parent without custody, plan of the spouse of the parent without custody
  - If the court decree establishes financial responsibility for the child's health care, the plan of the parent with that responsibility will pay first.

If these provisions don't apply, the plan that has covered the employee longer pays first. Nevertheless, if either parent is retired, laid off or a family member of a retired or laid-off person, the plan of the person actively employed will pay first (unless the other plan doesn't have a provision regarding retired or laid-off employees).

The plans have the right to obtain and release data as needed to administer these coordination procedures. For example, if the plans paid too much under the coordination of benefits provision, the plans have the right to recover the overpayment from you or your provider.

When Coverage Ends

Refer to your "Important Facts" booklet for information on when coverage ends.

Continuation of Coverage (COBRA)

Continued coverage is generally available to you and your covered family members under COBRA if coverage ends because of a qualifying event. Refer to your "Important Facts" booklet for information.

Assignment of Benefits

Plan benefits are available to you and your covered family members only. Refer to your "Important Facts" booklet for information.

Third Party Claims

If you receive benefits for any condition or injury for which a third party is liable, WDS may have the right to recover the money it paid for benefits. Refer to your "Important Facts" booklet for information.

Recovery of Overpayments

WDS has the right to recover amounts WDS paid that exceed the amount for which WDS is liable. Refer to your "Important Facts" booklet for information.

Termination and Amendment of the Plan

Refer to your "Important Facts" booklet for information.

Definitions

To help you better understand your dental benefits, here's a list of important definitions.

Accidental Bodily Injury. An unexpected external force (for example, car accident or fall) that results in an injury to your mouth.

Alveolar. The ridge, crest or bone that projects from the upper and lower jaw and supports the roots of the teeth.

Apicoectomy (root tip amputation). The excision of the apical portion of a root to gain access to the periapical area to remove diseased tissue.

Bitewing X-ray. An x-ray that reveals the condition of the top visible part of the upper and lower molar teeth.

Coinsurance. The amount you and the plan pay toward covered expenses after you meet the annual deductible.

Crown. The portion of the tooth covered by enamel.

Exclusions. Dental services not covered under a dental plan.

Fluoride. A substance that when topically applied or added to drinking water is effective in resisting tooth decay.

General Anesthesia. A drug or gas that produces unconsciousness and insensibility to pain.

Gingival Curettage. The process of removing or cutting diseased soft tissue surrounding the tooth.

Iliac Crest. Top of the hip bone used for grafting bone onto the lower jaw.

Implant. A graft or insert set firmly onto or deeply into the alveolar area prepared for its insertion. It may support a crown or crowns, a bridge abutment, a partial denture or a complete denture.

Inlay. A dental filling shaped to the form of a cavity and then inserted and secured with cement.

Intravenous Sedation. A form of sedation where the patient experiences a lowered level of consciousness but is still awake and can respond.

Limitations. Restricting conditions, such as age, period of time covered, and waiting periods.

Nightguard. An appliance used to treat the unconscious habit of gnashing or grinding of the teeth while sleeping or at times of stress.

Occlusion. The contact of the teeth of both jaws when closed or during the movements of the mandible in mastication (chewing).

Occlusal Adjustment. Modification of the occluding surfaces of opposing teeth to develop harmonious relationships between the teeth and neuromuscular mechanism, the temporomandibular joints and the structure supporting the teeth.

Onlay. A restoration of the entire contact surface of the tooth.

Orthodontic Treatment. The necessary procedures of treatment, performed by a licensed dentist, involving surgical or appliance therapy for movement of teeth and post-treatment retention.

Overdenture. A removable denture constructed over existing natural teeth or implanted studs.

Panorex X-ray. An x-ray system using two points of rotation to obtain a panoramic view of the dental arches.

Plaque. Flat masses of bacteria and debris on tooth surfaces.

Prophylaxis. The control of dental and oral diseases by preventive measures, especially the mechanical cleansing of the teeth.

Prosthodontics. The branch of dentistry that deals with the replacement of missing teeth or oral tissues by artificial means, such as crowns, bridges and dentures.

Definitions (cont'd)

Pulp Exposure Treatment (pulp capping). The covering of an exposed dental pulp with a material that protects it from external influences and does not interfere with pulpal healing. It stimulates the formation of secondary dentin in an effort to maintain the health and vitality of the pulp of the tooth.

Pulpotomy. An operation by which the bulbous or crown portion of the dental pulp is removed.

Rebase. A process of refitting a denture by replacing the denture base material without changing the occlusal relations of the teeth.

Reline. To resurface the tissue side of a denture with a new base material so it will fit more accurately.

Restorative. A process used to replace a lost tooth or part, or the diseased portion of one, by artificial means as with a filling, crown, bridge or denture designed to restore proper dental function.

Root Planing. A procedure done to smooth roughened root surfaces.

Sealants. A resinous material designed for application to the surfaces of posterior teeth to seal the surface irregularities and prevent tooth decay.

TMJ/Temporomandibular Joint. The joint just ahead of the ear, upon which the lower jaw swings open and shut, and can also slide forward.

Usual, Customary, Reasonable (UCR) Fees. The fees typically charged for comparable dental services provided by health care professionals in a given region with similar training and experience.